

GYM FORCE GROUP WAIVER LIABILITY AND ASSUMPTION OF RISK WAIVER AND AGREEMENT

Welcome to Gym Force

CUSTOMER INFORMATION

Customer Name: _____ Cell Phone: (____) _____
 Home Phone: (____) _____ E-mail Address: _____
 Home Address: _____ City/St/Zip: _____
 Emergency Contact Name: _____ Number: _____
 Relationship to participant: _____
 Date of Birth: _____ Please circle: Male Female

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

MINOR PARTICIPANT:

In consideration of participating in the Gym Force, Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risk of serious injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in this event, the condition in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either known to me or not readily foreseeable at this time; I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Gym Force, Inc. it's respectable administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver or liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may incur as a result of such claim.

I have read the RELEASE AND WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

 Printed Name Signature of Participant Date

Parental Consent:

AND I, the minors parent and / or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO ENDEMINFY AND SAVE AND HOLD AHRMLESS each of the Releasees from all liability, claims, demands, losses or damages on the Minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the Minor or anyone on the Minor's behalf makes a claim against any of the abve Releasees, I WILL INDEMINFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost and Releasee may incur as the result of any such claim.

 Printed Name of Parent / or Legal Guardian Signature of Parent / or Legal Guardian Date

ADULT PARTICIPATION:

In consideration of participating in the Gym Force, Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risk of serious injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in this event, the condition in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either known to me or not readily foreseeable at this time; I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Gym Force, Inc. it's respectable administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver or liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may incur as a result of such claim.

I have read the RELEASE AND WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

 Printed name of Adult Participant Signature of Adult Participant Date